

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.	3					
TOTAL DEP.	1	↔	↔	↔	↔	↔
TOTAL CLAIMS	4	██████	██████	██████	██████	██████

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.		↔		↔		↔
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS		██████	██████	██████	██████	██████